

Please return this completed form to;
 Merco Medical Staffing Ltd
 1st Floor, St Georges House,
 3-5 Pepys Road, Raynes Park
 London SW20 8NJ
 For help please contact 0208 947 3077

Application Form (Doctor & GP)

Please complete this form as accurately as possible and return to us at the address above. Please also inform us of any future changes to your personal circumstances as soon as possible so we can keep your records up-to-date. If you need assistance with any part of this form please call us on **0208 947 3077**.

Personal Information

First name(s)
Last name
Any other names <small>(Please attach official proof of name change)</small>
Date of Birth
Address
Postcode
Home telephone
Mobile telephone
Fax number
E-mail address
Full UK Driving Licence? Y <input type="checkbox"/> N <input type="checkbox"/>

Next of Kin

Full name
Relationship
Address
Postcode
Home telephone
Mobile telephone
E-mail address

Immigration

Are you a British or EU National? Y <input type="checkbox"/> N <input type="checkbox"/>
Do you hold a valid VISA? Y <input type="checkbox"/> N <input type="checkbox"/>
VISA Type (e.g. Tier 1, Student etc)
Please specify any work restrictions
Nationality
Passport number
Passport expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
VISA number
VISA expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Qualifications

Dates (from and to)	Qualifications	Institution

Employment History

Please provide your employment history for the last 10 years, listing the start and completion date, names of employer and contact details. Please use the back of THIS page if more space is required.

1. Most recent employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
Postcode	
Telephone	
E-mail address	

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2. Previous employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
Postcode	
Telephone	
E-mail address	

3. Previous employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
Postcode	
Telephone	
E-mail address	

References

Please supply names and details of two clinical professional referees. One must be from your present or most recent employer.
Do we have permission to contact your referees? Y N

First referee name	
Hospital name	
Address	
Postcode	
Tel	Fax
E-mail address	
Dates worked with this doctor	

Second referee name	
Hospital name	
Address	
Postcode	
Tel	Fax
E-mail address	
Dates worked with this doctor	

Professional Appraisal (Consultant, Mentor etc)

Title	Name
GMC number	
Usual place of work	
Telephone	
E-mail address	
Date of last appraisal	Date of next appraisal
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Additional Courses

BLS (Basic Life Support)	Y <input type="checkbox"/>	N <input type="checkbox"/>
ILS (Intermediate Life Support)	Y <input type="checkbox"/>	N <input type="checkbox"/>
ALS (Advanced Life Support)	Y <input type="checkbox"/>	N <input type="checkbox"/>
PALS (Paediatric Adv Life Support)	Y <input type="checkbox"/>	N <input type="checkbox"/>
ACLS (Adv Cardiac Life Support)	Y <input type="checkbox"/>	N <input type="checkbox"/>
ATLS (Adv Trauma Life Support)	Y <input type="checkbox"/>	N <input type="checkbox"/>
Lone Worker Training	Y <input type="checkbox"/>	N <input type="checkbox"/>
Handling Violence & Aggression	Y <input type="checkbox"/>	N <input type="checkbox"/>
Caldicott Protocols	Y <input type="checkbox"/>	N <input type="checkbox"/>
Health & Safety (COSHH)	Y <input type="checkbox"/>	N <input type="checkbox"/>
Health & Safety (RIDDOR)	Y <input type="checkbox"/>	N <input type="checkbox"/>
Complaints Handling	Y <input type="checkbox"/>	N <input type="checkbox"/>
Infection Control (including MRSA & Clostridium Difficile)	Y <input type="checkbox"/>	N <input type="checkbox"/>

Professional Membership and Insurance

Professional membership e.g. GMC, HPC, NMC	
Membership number	
Date of full registration	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of registration	Full <input type="checkbox"/> GP register <input type="checkbox"/> Specialist register <input type="checkbox"/>
Do you have professional insurance? Y <input type="checkbox"/> N <input type="checkbox"/>	
Insurance held with	
Membership number	
Renewal date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Financial Details

National Insurance Number	
Tax status	PAYE <input type="checkbox"/> Self-employed <input type="checkbox"/> Limited Company <input type="checkbox"/>
Unique tax reference	

Bank Details

Name on account	
Name of bank/institution	
Name of limited Company	
Account number	
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"><input type="text"/></input>

Occupational Health

I agree to provide evidence of immunisations to Merco before starting my first locum assignment.

Have you attended your GP in the last 12 months? Y N

I understand my responsibility (set out in Duties of a Doctor: Guidance from the General Medical Council) to have all the necessary tests if I think I have or am carrying a serious or communicable condition and to act on the advice of a suitably qualified colleague about and/or modifications to my clinical practice.

I also understand that I must take and follow advice from a consultant in Occupational Health or another suitably qualified colleague if my judgement or performance could be significantly affected by a condition or illness.

I give Merco permission to contact my GP to obtain further information if necessary Y N

Print name
Signature
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Declarations

As a Matter of professional responsibility and due to other requirements, we need you to fill out and sign this declaration. We shall rely on this information when screening your application. A misstatement under this section is therefore an offence.

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions/Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which enables the provider to have access to vulnerable persons in the course of his/her normal duties. Your answer to the following question should therefore include 'spent' duties.

Have you ever been convicted of a criminal offence? Y N

I undertake to inform Merco should I be convicted of an offence in the future. Y N

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed? Y N

The DOH Circular (88, 19), Protection of Children, requires that any professional with access to Children must not be/have been a named person on the Protection Of Children Act List 99 Register.

Have you ever been included on the POCAL99 Register? Y N

Please confirm that you have received, read and understood the Staff Handbook and the Terms of Contract as issued to you by Merco Medical Staffing Ltd.

I have read the staff handbook and Terms of Contract Y N

I declare that the information given in this document is true and complete and is not presented in any way to mislead. I am not aware of any condition, medical or otherwise, which could affect or limit my employment or performance.

I agree that if I have or in the future give false or misleading information, that this may result in termination without notice. I acknowledged that I have been given and agree to the current Terms of Contract issued by Merco Medical Staffing Ltd.

I agree that Merco retains the right to hold this application and any other data required to process it and to pass to any authorised third party the details held within. Also, to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

Print name
Signature
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>